FRANCISCAN VILLA OF SOUTH MILWAUKEE

2601 601991 6116260 2179119

3601 SOUTH CHICAGO AVENUE

SOUTH MILWAUKEE 53172 Phone: (414) 764-4100 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/02): 150 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 150 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 147 Average Daily Census: 146

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 2.0 | More Than 4 Years No | Mental Illness (Org./Psy) 8.2 | 65 - 74 10.2 | Day Services No | Mental Illness (Other) 2.7 | 75 - 84 Yes| Alcohol & Other Drug Abuse 0.0 | 85 - 94 35.4 | Respite Care Adult Day Care 46.3 | ****************** 6.1 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents 100.0 | (12/31/02) 2.0 | Congregate Meals No | Cancer 2.0 No | Fractures Home Delivered Meals Yes| Cardiovascular Other Meals No | Cerebrovascular No | Diabetes Transportation 4.8 | Sex % | LPNs Referral Service Yes| Respiratory 8.2 | ------ | Nursing Assistants, Other Services | Other Medical Conditions 46.3 | Male 13.6 | Aides, & Orderlies 31.2 Provide Day Programming for ---- | Female 86.4 | 100.0 | ---- | Mentally Ill Provide Day Programming for Developmentally Disabled ************************

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.		Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧ ୧	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	1.1	138	0	0.0	0	1	4.0	194	0	0.0	0	0	0.0	0	2	1.4
Skilled Care	23	100.0	305	82	89.1	118	0	0.0	0	24	96.0	183	7	100.0	118	0	0.0	0	136	92.5
Intermediate				9	9.8	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	6.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		92	100.0		0	0.0		25	100.0		7	100.0		0	0.0		147	100.0

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period				 % Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of			
Private Home/No Home Health	3.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.7		75.5	23.8	147			
Other Nursing Homes	4.8	Dressing	17.7		49.0	33.3	147			
Acute Care Hospitals	82.4	Transferring	28.6		48.3	23.1	147			
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.2		40.8	34.0	147			
Rehabilitation Hospitals	0.0	Eating	57.8		31.3	10.9	147			
Other Locations	9.1	********	*****	*****	******	******	*****			
Total Number of Admissions	165	Continence		용	Special Treatmen	ts	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.4	Receiving Resp	iratory Care	7.5			
Private Home/No Home Health	16.8	Occ/Freq. Incontine	nt of Bladder	51.7	Receiving Trac	heostomy Care	0.0			
Private Home/With Home Health	2.4	Occ/Freq. Incontine	nt of Bowel	47.6	Receiving Suct	ioning	0.0			
Other Nursing Homes	1.2				Receiving Osto	my Care	4.8			
Acute Care Hospitals	3.0	Mobility			Receiving Tube	Feeding	2.0			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 29.9			
Rehabilitation Hospitals	0.0	1				-				
Other Locations	12.0	Skin Care			Other Resident C	haracteristics				
Deaths	64.7	With Pressure Sores		2.7	Have Advance D	irectives	100.0			
Total Number of Discharges		With Rashes		2.0	Medications					
(Including Deaths)	167				Receiving Psyc	hoactive Drugs	60.5			

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		Ownership:		Bed Size:		Licensure:			
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	olo	Ratio	ଖ	Ratio	용	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	85.6	1.14	88.6	1.10	84.2	1.16	85.1	1.14
Current Residents from In-County	90.5	88.1	1.03	85.4	1.06	85.3	1.06	76.6	1.18
Admissions from In-County, Still Residing	37.0	23.6	1.56	18.6	1.99	21.0	1.76	20.3	1.82
Admissions/Average Daily Census	113.0	134.2	0.84	203.0	0.56	153.9	0.73	133.4	0.85
Discharges/Average Daily Census	114.4	140.2	0.82	202.3	0.57	156.0	0.73	135.3	0.85
Discharges To Private Residence/Average Daily Census	21.9	46.8	0.47	76.5	0.29	56.3	0.39	56.6	0.39
Residents Receiving Skilled Care	93.9	90.1	1.04	93.5	1.00	91.6	1.02	86.3	1.09
Residents Aged 65 and Older	98.0	96.3	1.02	93.3	1.05	91.5	1.07	87.7	1.12
Title 19 (Medicaid) Funded Residents	62.6	52.8	1.19	57.0	1.10	60.8	1.03	67.5	0.93
Private Pay Funded Residents	17.0	34.8	0.49	24.7	0.69	23.4	0.73	21.0	0.81
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	10.9	35.2	0.31	28.5	0.38	32.8	0.33	33.3	0.33
General Medical Service Residents	46.3	23.7	1.95	28.9	1.60	23.3	1.99	20.5	2.26
Impaired ADL (Mean)	49.7	50.5	0.98	50.9	0.98	51.0	0.97	49.3	1.01
Psychological Problems	60.5	54.7	1.11	52.9	1.14	53.9	1.12	54.0	1.12
Nursing Care Required (Mean)	6.1	7.2	0.85	6.8	0.90	7.2	0.85	7.2	0.85